Association of Community Behavioral Health Authorities of Illinois (ACMHAI)

Comments on the 1115 Waiver Concept Paper Draft

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For additional information, contact Phyllis Russell at phyllis@acmhai.org or 217-369-5168.

ACMHAI is the association representing the network of county, township and municipality behavioral health authorities across Illinois. Mental Health Authorities are statutorily charged with assessing, planning for and directing resources to support systems of care for residents of all ages needing mental health services, substance use disorder services and those with developmental or intellectual disabilities and Authorities for the Care and Treatment of Persons with a Disability have the specific focus on the needs of those with a developmental or intellectual disability. As funders, the behavioral health authorities distribute more than $60 million into community-based service systems in Illinois annually.

ACMHAI recognizes that the Concept Paper addresses a number of major issues, and is not intended to go deeply into specifics of implementation. Therefore our comments remain general, flagging a handful of issues that we believe are appropriately raised at this point. Overall, while we agree with the movement to consider individuals and their needs that we see throughout the Concept Paper rather than fitting people into categories of need, we have the following concerns:

1. Mental illness is underrepresented in the overall concept paper at this point, with proportionally less incorporated as a component in almost every aspect of the Pathways, particularly when consideration is given to the disproportionate cost of care for those with a serious mental illness and the dually-diagnosed with a chronic physical condition as well.

(Take a look at wellness effort targets using the public health model. None are mental health issues.)

2. The Illinois 1115 waiver concept paper fails to mention the words “intellectual disability(ies)“ anywhere in the document. In addition, “developmental disabilities” specifically are mentioned once on page 6, and this reference is for the purpose of describing the existing (i.e., pre-1115) Home and Community Based Services waiver. We would like to see the populations of need identified specifically throughout the Concept Paper to assure that, at every step, behavioral health needs, services and system design considerations are incorporated as being of equal importance with physical health care.
3. Specific components that address early intervention (universal and uniform screening, functional assessment and person-based service plan rather than diagnosis driven plan) are included, but the concept of early intervention as a vitally important system component is lacking. These are critical services in the community-based system of care for children, youth, adults and their families dealing with behavioral health and chronic health issues. Early identification, intervention and connection with community supports make a difference, and the state should be looking to explicitly incorporate options that will enable the strengthening and sustainability of community-based system of care throughout the waiver.
4. Workforce is a critical issue, and the Concept Paper recognizes the importance of doing more to attract, prepare and retain primary care physicians, psychiatrists, psychologists, nurse practitioners, etc. But a community-based system of care with wraparound services relies on having a paraprofessional workforce to provide hands-on, in-community services and supports. Use the waiver to support attracting, training and retaining a community-

based, paraprofessional mental health, substance use, developmental disability and intellectual disability paraprofessional workforce.

5. Currently most Behavioral Health Authorities fund predominantly through program grants and fee-for-service variations. As the state moves to capitation and risk-based funding with a service planning and approval role, as well as money-follows the person and expanded state funding for community services through BIP and Medicaid, consider a request 1) to waive supplementation rules for a period to allow community-based funders including 708s to have more options in funding front-end costs to build capacity as the essential benefits, parity and integration with primary care inclusion of mental health work their way through community systems and managed care provider contract and financing practices and 2) to include other waiver components that will bring funding and resources to assist community-based providers in building capacity to make this transition.
6. The proposed 1115 waiver is budget neutral. This means that all the different groups will now be competing for dollars from the same funding pool. Based on the emphasis of the Concept Paper, it appears hospitals and nursing facilities will be in a strong position under the new waiver, and this will place ID/DD, BH, and SUD funding in jeopardy. We do not want to see community-based provider networks and those working collaboratively to support a system of services for those with behavioral health needs in a funding competition with the entire public healthcare system.
7. It is also of concern that the 1115 waiver concept paper addresses the financial issues faced by hospitals and nursing facilities. Incentive based pools and debt relief is mentioned. Is it the intent for the waiver to also allow incentive based pools to help ID/DD providers develop 4-bed and under

CILAs as required by Ligas? What about assistance for downsizing ICF-DDs? If so, the language needs to be clarified and strengthened.

Thank you for the opportunity to submit written comments. We look forward to further opportunities to engage in discussion related to this important issue.

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